From events to personal histories

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INTRODUCTION

Seminal studies have established the broad relevance of a narrative perspective on organizations (Boje 1991; Czarniawska 1997). Work using narrative has since been applied to a number of particular theoretical areas including the diffusion of innovations and rhetoric (Abrahamson and Fairchild 1999; Bartel and Garud 2009); ethics and governance (Anonymous 2014; Rhodes, Pullen, and Clegg, 2010); the source and use of power in organizations (Benjamin and Goclaw 2005; Chreim 2005); management as practice (Alvesson and Sveningsson 2003); and work identity (Grendron and Spira 2010; Sonsino 2005). Narrative has also been used to investigate how members understand organizational change (Gioia and Chittipeddi 1991; O'Connor 2000; Taylor 1999), and to understand change itself, since narratives do not simply relate change, but constitute change. This is because narratives, 'are both about, and become, the change process' (Buchanan and Dawson 2007, 669).

Narrative often features in research examining change in health care organizations (Hodgetts and Chamberlain 2003; Doolin 2003; Macfarlane, Exworthy, Wilmott, and Greenhalgh 2011; Anonymous, 2006; Borins 2011). It has also informed work investigating the introduction of new structural and strategic approaches, resulting in change in healthcare (Cucciniello and Nasi 2014; Dickinson and Glasby 2010; Singh and Prakash 2010). However, the way narrative is used can vary widely from: broad representations of reform in healthcare governance (Guarneros-Meza, Downe and Martin

2018; Torchia, Calabrò and Morner 2015; Ferlie 2010; Anonymous 2006), to the study of how individuals and groups in the National Health Service (NHS) explain change (Currie and Brown, 2003), to conducting systematic reviews of bodies of research (Calò et al., 2018; Greenhalgh et al. 2005), to the construction of patient safety knowledge and its impact on practice (Waring 2009), to how public narratives of trauma shape service provision (Mohatt et al. 2014), and to detailed examinations of management activity in health care (Llewellyn [S] 2001). Narrative has also been used to consider the governance of healthcare organizations (Macfarlane et al. 2011), and the public sector as a whole (Borins 2011).

The reason for this growth in research using narrative is that narratives are a basic ingredient of organizational life (Barry and Elmes 1997; Czarniawska 1997; Watson 2009; Weick 1995). They help actors resolve complexity and ambiguity, organising experience into familiar conceptual inventories, and providing recipes for inference and action (Clarke, Brown, and Hailey 2009; Collins, Dewing, and Russell 2009; Gabriel 2000). They can enhance understanding of sociological phenomena within organizations because they are a means of cultural transmission. Narratives underpin how meso- and group-level processes - such as change (Buchanan and Dawson 2007; Dawson and McLean 2013; Rouleau 2005; Taylor 1999), formation of organizational identity (Fenton and Langley 2011), and leadership (Carroll, and Levy 2010; Parry and Hansen 2007) are interpreted and take shape at the micro-level.

Although general linkages of narrative and change are well established, the process of how individuals move from experiencing a complex, unfolding scenario and array of events, to an ordered narrative, is less well understood. In other words, we know and can

demonstrate that narratives are important in many ways, but we do not have as much insight on narrativization - what might also be called storying (story and narrative can have different senses, here we will use them as synonyms, following Gabriel (2004). The challenge of how to understand narrativization is a long-standing problem in the discipline of History (because we also talk about personal histories, to avoid confusion we capitalise History when referring to the discipline). It is impossible to represent past events in all their complexity and detail. It is also impossible to reflect simultaneously the multiple potential representations of the past which can be developed from sometimes irreconcilably different perspectives. This means that our representations of the past can never be purely factual "chronicles". For example, even "factual" lists of events and dates presuppose authorial choices of what is to be listed, in what context, and why. This means that chronicles are never objective or definitive but are always "emplotted" – that is, they are made into "kinds" of narrative with a particular narrative logic (White 1973). There is a need to better understand emplotment across organizational research (Czarniawska 2012), but it is perhaps of particular interest in relation to healthcare governance. This is because a recurring theme in work using narratives in healthcare organizations is how members cope with (or struggle to cope with) change (Bloom 2011).

To develop these ideas, in the following section we explore the literature on narrative in more depth to elaborate on the distinction between chronicles and personal histories. The outcome of this synthesis of the literature is summarized in Table 1 which sets out the operational definitions of key terms applied in the analysis of the data.

WORKING WITH "NARRATIVE"

It is only relatively recently that people have begun to use narratives in organization research (Rhodes and Brown 2005). As our introductory review indicates, narratives are also very broad and fundamental phenomena. Both these aspects make it a challenge to work with or to operationalise narrative. At the most basic and simple level, a narrative can be defined as a representation of events (Rudrum 2005). However, in this simple definition, the term "representation" carries a lot of weight - it connotes portrayal or depiction in a particular way and reflects the exercise of choice. This is because we recognize that narratives are more than a simple record of a sequence of events (Pentland 1999) – a diagram showing the sequence of steps needed to assemble a piece of flat-pack furniture would not be thought of as a "narrative". Narratives are typically: chronological, about a person or persons, told by someone, and have a context (Barthes 1977; Bruner 1990). This still leaves considerable space for uncertainty concerning exactly what does, and does not, count as narrative (Polkinghorne 1995).

Narrative Competence

Offering a pragmatic solution, Rudrum (2005) suggests we all have an inherent faculty for recognizing what is or is not a narrative - something that is called 'narrative competence' (Prince 1982). This is akin to a Chomskian skill of linguistic competence (Chomsky 1965) based on shared cultural understanding. It allows us to recognise textual and oral narratives, and to accommodate them into pre-existing conceptual inventories:

> not only do we all have certain intuitions (or know certain rules) about the nature of narratives and what they mean, but also, to a certain extent at least, we all have the same intuitions and know the same rules. It is this set of rules and intuitions, this narrative competence, that allows us (human beings) to produce and process narratives, to tell, retell, paraphrase, expand, summarize, and understand them in like manner (Prince 1982, 181).

Since it is a vector for common cultural understanding, narrative competence has clear benefits. Interestingly though, what this concept also suggests is that when we relay meaning, understanding may be heavily freighted and pre-packaged. Narrative competence can involve a process of smoothing out complexities and ambiguities. This could be overlaid on whatever pre-existing pathways and mechanisms we have that support communication. Any narrative, even if a narrative is defined as starkly as a "representation of events", would involve reliance on discursive structures and taken for granted assumptions. Therefore turning events into narratives - narrativization or storying - always involves choices of representation and embeddedness in particular contexts (Sims 2003). This operationalisation of narrative has significant implications for understanding communication in organizations. We depend on shared rules and intuitions when it comes to the representation of "factual" events, and in this sense there are no neutral accounts of events, or pure chronicles. History, inescapably, is always partial, selective, and seen through the prism of narrative.

Emplotment and Narrative Templates

To express this idea, the historian Hayden White coined the term "emplotment" (White 1973). History involves emplotment because we can never recreate the past in all its detail and complexity. Instead, in any representation of the past we always have to create some version of the past, a narrative that by necessity is situated, occasioned and

incomplete. This means that whenever we try to describe the past we can never be simply objective chroniclers. As Montrose observed, "we can have no access to a full and authentic past, a lived material existence, unmediated by the traces of the society in question" (1989, 20). Instead emplotment involves, "introducing structure that allows sense to be made of particular events" (Czarniawska 2012, 748; see also Czarniawska and Rhodes 2006). History is always culturally embedded, and interpretations of the meaning of the past involves identifying what kind of story is being told about it.

Emplotment implies that authors and readers of representations of the past, whether politicians, academics, practitioners or managers, draw on established conventions and templates (Davenport 2011). They set the scene, they impose order by determining that some events are definitively a beginning or an ending, and they communicate a sense of drama or eventfulness. They also demonstrate narrative competence - perhaps by being aware of their own role as story-tellers, or concerned with how their stories are interpreted and relayed by others. Rather than concentrating on the features and content of narratives (through thematic or content-analysis), focusing on emplotment helps us understand the shift from events to stories. As a research strategy this is not an analysis of *content*, but an analysis of *form*. Such a "formalist" approach considers how content is organised, in terms of narrative structure (beginnings, ending, narrative arcs, setting the scene) and on how different themes interlock (resolution of conflict, communication of drama or eventfulness) (Czarniawska and Rhodes 2006; Anonymous 2014; Rhodes, Pullen, and Clegg 2010).

For example, Propp (1968), an influential Formalist scholar working in this tradition, analyzed a particular kind of tale-the folk tale. He sets out to provide: "description of the

tale according to its component parts, and the relationship of these components to each other and the whole" (Propp 1968, 18). Similarly, Todorov (1969, 71) noted the intended contribution of this kind of formalist analysis is to "discover in each work what it has in common with others". This involves moving from considering the qualities of individual narratives to more general, structural properties (Breton 2009; Lamberg and Pajunen 2005; Anonymous 2014). Applying this approach below we carry out analysis in two stages looking both across and within a number of personal "histories" of organizational change in healthcare.

Table 1 here

We do this using a three wave, longitudinal design that tracked representations of change by senior managers in three acute NHS organizations. Each was undergoing extensive structural change. We analyse and explain transitions from events to personal histories in terms of emplotment. This has implications for reform and for service-level design because one implication of our analysis is that successful implementation should feature in how actors emplot change. Perceptions of whether change is successful will partly be a function of events, but also be a function of how these events are narrated.

CONTEXT AND METHODS

Following the Cooksey Review (2006), nine Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) were established in October 2008. Each was intended to create a new, distributed model for the conduct and application of health research. Their aim was to link those who conduct applied health research with those who use it in practice across the health community (NIHR 2011). These personal histories are

from a CLAHRC related project that involved in-depth evaluation of service change and redesign across three NHS Acute Trusts, over a five year period. The study was designed to examine what was happening prior to, during and after large-scale change. A comparative case study involving semi-structured interviews was undertaken. These involved a range of senior managers in 2009 (n=77), 2011 (n=21) and 2012 (n=29).

The interviews were recorded digitally, transcribed verbatim, and analysed thematically. The three waves of in-depth interviews were conducted with staff in three Trusts (anonymised), they were:

Greenfield Trust - a single hospital that was located in a recently completed new building. This primarily served the inhabitants of a single town.

Brownfield Trust - formed when two medium-sized Trusts merged. It comprised of two main hospital sites and a small community hospital. The long-term plan was to relocate all services on one site, however little progress had been made in this respect at the time of our study.

University Trust - a large Foundation Trust comprising two medium sized hospitals. During the study the services they provided were brought together in a large new hospital building, and the old sites were decommissioned.

Across these sites, the aim of the main study was to see how changes in service design were understood, governed and implemented over time by senior NHS managers. However in this paper the focus is on the examination of the data to analyse *how* personal histories were presented during the interviews. From a larger overall sample, we focus

here on 27 interviews with 9 managers since they were in place for each wave of our study (this was comparatively unusual in our overall sample since there was high attrition across waves).

It is rare to have data over this long a period, which is a comparative strength in terms of research into change more generally because the full effects of large-scale change take many years to take shape. The longitudinal design, and the successive waves of in-depth interviews, offered an unusually rich opportunity to analyse shifts from experiencing complex events to creating personal histories about the changes being experienced. To do this we focus on the overall structure of these histories seeing them both in terms of individual, coherent and self-contained narratives, as well as a general form. In doing so we analyzed how each personal history was organised in terms of its underlying plot, rather than simply considering their thematic content. In the first phase of analysis, we examined the interviews as a whole to identify narrative templates. This showed how emplotment was at work in these histories of healthcare. In the second phase of analysis, we focus more particularly on three "tales" – each being an individual manager's personal history of change. Being tuned in to narrative templates can be important in a change process in terms of trying to challenge or reframe perceptions or articulate a vision. Another implication for those managing change is they have to think not just of their own version of personal history, but how it will be translated and relayed to others: the storying of a story. This helps us to better understand how change initiatives are perceived as successes or failures. Such perceptions will partly be a function of events and empirical realities, but will also be a function of how these events are emplotted.

ANALYSIS

In our first stage of analysis, we identified ways in which change was emplotted using common narrative templates across these interviews. To do this we focused on the overall structure of these personal histories seeing them both in terms of individual, coherent and self-contained narratives, and as a general form. In doing so, we analyzed how each personal history was organised, rather than simply considering their thematic content. This involved reading and re-reading the transcripts to identify the different components of the personal histories in the respondents' accounts: narrative competence, emplotment and narrative competence. In studying a common feature of emplotment - beginnings and endings, - we focused on how the beginnings of personal histories were narrated (in terms of their chronology, rather than in terms of when they featured in any given interview). We also looked at how the endings of personal histories were narrated, and on the internal dynamics of conflict and resolution. In the second stage of analysis, we focused on a subset of interview transcripts carried out with three managers to allow more in-depth elucidation of the role of these components in personal histories.

Table 2 sets out extended, worked examples of the shift from events to personal histories - drawing on interviews conducted at Brownfield Trust. This shows the common structural features we identified, informed by our review of narrative competence, emplotment and narrative templates. In this initial table we include data extracts, alongside a column setting out the nature of the narrative template to show how we see these features at work.

Table 2 here

For the remaining three tables showing our findings, the first column indicates when the interviews were carried out, the second column shows verbatim extracts, and describe the use of templates in the text.

Table 3 here

In Table 3, an obvious, though important and interesting aspect of this narrative as a "representation of events", is that the narrated events lie in the future. The Finance Director's anticipation of the event was not as something unprecedented or uniquely complex, but as following a predictable pattern based on previous experience. Considering none of the events had happened, it is a specific and elaborate representation which has definitive temporal markers that anchor the narrative. There is a time, when the building will still be shiny, and have nice lines, when it has been painted. Even before change has happened, this is an example of emplotment at work because (anticipated) events are fitted into a pre-existing narrative template. This could be summarised as beginning to end emplotment.

This perspective gives insight into the story structure of personal histories. This beginning to end emplotment is a fundamental building block of what has been characterised as a "narrative arc" (Anonymous 2014) or "story line" (Greenhalgh et al. 2005; Learmonth 2001). This was a useful analytical focus because the arc implied in a beginning to end story structure mirrors how we conventionally understand implementation of change (as before and after phases). It also mirrors the structure implied in the creation of a personal history - a shift from the initial experience of an

array of events (beginning) to a personal storying and then representation of those events to others (end).

The broader context of the emplotment process across all cases is the organization seen as a protagonist on a quest, that is, making radical changes in order to be able to effectively accomplish its mission. The agents present their own stories as protagonists by proxy, overcoming adversity and uncertainty within this larger context. This narrative emplotment process, manifested in personal histories, not only provides a structure to an otherwise unstructured, multi-faceted flow of events, but also serves to help agents cope with the high levels of uncertainty that the broader organizational changes entail.

The Finance Director describes change in terms of a neat sequence of collective emotions, a series of steps from calm to panic to excitement to adjustment. He gives examples of what we would call "meta-emplotment"; (a story about the story others will create): "[people] saying, 'Oh my God we're moving in and we haven't even, we've got loads to sort out, you know'."

In the second interview the description of this process is more vague and unlike the sequence of steps or sense of an order, and the level of precision about what would happen when the move was complete reported in the previous interview, the emplotment on this occasion that could be summarised as "transition". The move into the new hospital coincided with an unexpected change in key personnel, and lack of clarity concerning who would be the new leader. In this context the date does not serve as a definitive temporal marker to anchor the narrative (it is unlike the references to clean

lines, paint, and a shiny building in the Finance Director's narrative about anticipation of moving). Instead it reinforces the sense of uncertainty.

Retrospectively, change is understood as occurring on different levels: logistics, operations management, service reconfiguration, leadership, and strategic planning. From the Finance Director's description, these are heterogeneous, overlapping strands that remain enduring sources of complexity. Even so, the complexity and uncertainty are tamed in this emplotment process, as the organizational change is narrativised as a sequence of logical, successive stages with definitive start and end points. These are either synchronous: "while we were moving in we also then integrated"; or they dovetail: "that took about three/four years", "that was all done prior to the new Chief Exec coming in", "that all happened and then from there it's now about [preparing for foundation trust status]".

To further demonstrate the workings of emplotment here is an example of it in action at University Trust (see table 4 below).

Table 4 here

Similar to the first set of interviews, the organization as protagonist is undergoing change, and the agent positions herself in the context of this process; in a sense as a proxy protagonist within the broader organizational change process; again overcoming adversity and reducing uncertainty, by communication and planning, and learning from experience.

Prior to the centralisation of services, the Nurse Director expressed caution about how change needed to be communicated, and how it would be interpreted in certain ways. Echoing the framing of the Finance Director from Brownfield Trust, this is another example of "meta-emplotment". The Nurse Director's emplotting of the change process involves a concern with how others in turn would emplot how change was communicated. This is an important aspect in understanding how change is governed. Those who plan and/or implement change need a good grasp of the story they will tell about that change - which involves emplotting complex events into a communicable narrative. But they also need to have a sense of how that story might be converted into other stories (see table 4 below). Managers at Greenfield trust similarly sought recourse to emplotment in their representations of organizational change.

Table 5 here

In this third set of detailed extracts, the template of a narrative arc provides a sense of continuity and order in the face of a complex series of changes to the context, organization and role. When thinking about the changes that will be required when the hospital refurbishment is complete the Director of Performance uses familiar tropes such as "comfort zone" and "throw all the toys up in the air", a variation of "throw toys out of the pram" to signal the need for change whilst indicating that professionals can be difficult to manage and are likely to react to change in a negative way (an example of the storying of a story). In setting out the need for change in the context of the anticipated reaction on the part of the health professionals involved, the Director is presenting a familiar starting point for a process of change which provides a structure for her representation. The change in role is accompanied by efforts to balance the need to

support staff whilst challenging them, "but not in punitive way", to deliver services in different ways as part of the overall change process underway at the trust. Twelve months on from the integration of services at the trust, and confirmed in post as Director of Nursing, the respondent's narrative has shifted to one of integration. Following a period of "frenetic activity", "living in two worlds", "it all comes together". With the final step the process of storying is complete.

As with the first two sets of interviews, the broader context is organizational change, with the agent positioning herself as a proxy-protagonist who is dealing with high levels of uncertainty and disorder, aiming to manage this uncertainty by encouraging others to see things in new ways and to take ownership of their role. The process moves from uncertainty and disorder, through reassurance and challenge, to the end goal of an "integrated organization" where the agent overcomes adversity. The complex elements of a major program of organizational change are understood as coalescing in a neat sequence. This is all framed around a narrative template that relies on a beginning, middle, and end structure.

DISCUSSION

Boyce (1996) noted that instead of one reality, there are multiple realities to be uncovered, spoken, heard and understood to develop a holistic picture of an organization. The managers in our study demonstrated this process in action. The construction of a personal history is a distinctly human as well as managerial task, whether consciously intended or not (Llewellyn [S] 2001) and occurs during and following significant events, as we found in our study. Llewellyn [N] (2001) in his study of a modernisation project in

a local authority, found that respondents understood complex processes by imposing a basic narrative structure on what they had experienced. This was characterized by drawing distinctions between the traditional past and the modern future. He suggests that change is itself an accomplishment in narrative yet the overarching nature of narrative templates provides a means to determine the similarities of such narratives across settings. Despite the superficial variability of the managers' narratives in our study, at a deeper level of emplotment there were substantial commonalities: the organization as protagonist on a quest of self-improvement, the manager as a protagonist by proxy, looking at the future from a present perspective and based on past learning, and a process of overcoming adversity to emerge victorious in the end, having accomplished the quest.

Beech (2000) has demonstrated this type of story is associated with cognitive legitimacy. In order to secure legitimacy, an organization must be perceived as representative of the archetype of a protagonist in search of a quest and the structure of this archetypal organizational narrative can serve as a critical organizational and management resource in its own right (Golant and Sillince 2007). Furthermore, stories and narratives are accepted not only on the basis of their fidelity to an archetype, but also according to the coherence of the story in terms of emplotment and its plausibility in the light of events and decisions in the organizational milieu (Snowden 2000; Golant and Sillince 2007). The plausibility and legitimacy of the managers' personal stories is heightened by their long-term embeddedness in the story context and by drawing references from past learning.

Through recourse to the mechanism of emplotment we have sought to demonstrate how the managers' representations of large scale organizational change can be read as

personal histories (Sims 2003). The managers in our study approached large scale change in a manner influenced by their emplotted histories in that part of their role was persuading people to act in particular ways in their organizations (Cunliffe 2001).

Much organizational change literature, particularly from a process perspective, shows that change across large organizations and systems is complex, continual, multi-layered, open-ended and can take many years for its effects to be felt (Tsoukas and Chia, 2002 offer a helpful review). Focusing on emplotment in the extracts recorded in the tables helps to show how people cope with the challenges of change by reducing and simplifying these complexities using templates - even before the change has happened. In our study emplotment was demonstrated in different ways, for example the organization was shown as protagonist overcoming adversity, in the use of a beginning to end format, and in the motif of a victorious conclusion. This shows how emplotment is a kind of scaffolding that helps people organize complex events into stories, ordering them into familiar narrative templates that are part of our collective narrative competence.

In common with a process perspective, literature on change in large healthcare organizations suggests that the effects of change can be unexpected, interconnected, and can have different impacts on different stakeholders at different times and at different scales (Franco, Bennett, and Kanfer 2002; Rowe and Hogarth 2005). Gaining insight into how agents understand these processes through the use of emplotment could be valuable for both change leaders as well as agents having to cope with change. The process of emplotment, or imposing narrative order on a complex and chaotic reality could help agents realise that they potentially have more agency in accomplishing as well as coping with change. Rather than change being "finished," as part of discrete before, during and

after phases, change could be seen as continually becoming and as about individual, local accomplishments (Tsoukas and Chia 2002). .

Attention to plots in organizational actors' narratives has been the basis of other contributions. O'Connor (2000) for example traced plots of life and death (of the organization), fall from grace, and growth in her study of a high technology company. Also therapeutic emplotment has been used to structure temporal horizons for patients in a particular way in order to instill and maintain hope in the context of arduous and toxic treatments (Crosley 2003). The examination of personal histories to review significant policy change in health care has also demonstrated the potential of examining participants' representations to build understanding of significant organizational change (Gorsky 2010). In our case, emplotment shaped the narratives of the managers not purely as a retrospective process but as something prospective. They were considering what the change in their organizations would bring.

Whilst stories and narratives can entertain and edify, they also shape societies and cultures, through their roles in the social construction of realities and individuals' shaping of their actions (Watson 2009). In view of this there is considerable potential for social scientists and public service researchers to seek insights into these two aspects of human life by analysing narratives in a way which goes beyond the appreciation of stories in their own right (Watson 2009). Attention to the influence of emplotment and narratives as personal histories provides such insights.

CONCLUSION

This emphasis on emplotment as part of a change process extends traditions of qualitative healthcare research that concentrate in the main on thematic content. These contribute by identifying commonalities across data (expressed as codes or categories), and relations between thee categories to reach aggregate themes, as for example in a coding tree (Miles and Huberman 2013). Here we show how understanding the underlying structure of a narrative, rather than thematic analysis of its content, can be important in terms of showing how managers cope with the complexities of change in healthcare.

Emplotment features in all History because we can never have pure unmediated access to the past, or our expectations of the future, which are always seen through the prism of narrative. Analysing these personal histories as self-contained, coherent narratives, rather than focussing solely on the themes within them, provides a fresh perspective that can supplement the content-analytic strategies more typically used in qualitative research. If we live by and through narrative, and if stories are the means by which we understand organizations, then we need to take them seriously. Our analysis shows how our respondents resolved complexity by organising their experiences using familiar narrative templates to create personal histories. These templates are deeply inscribed cultural inventories. We have endeavoured to show how this analytical approach generates insights into how managers frame and "story" organizational change, and their role within it. The idea that there are pre-existing structures for understanding complex events that are manifested in narrative plots or argumentational structures is challenging. Yet, it reflects fundamental analytical developments in literary criticism and philosophy

(Barthes 1977; Propp 1968; Todorov 1969) as well as empirical organizational analyses (Bartel and Garud 2009; Chreim 2005; Anonymous,2001).

Our own paper can itself be considered a narrative (Barthes 1977) because it represents particular choices and orientation to the data; our identification of a timeline in the tables for example is itself emplotted. However this approach presents a promising line of analysis for examination of the experience of these key social actors. As Exworthy (2011) observes health managers need not only to be "intelligent consumers" of narratives but also counted among the "producers", and this requires further investigation.

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Table 1: Operational definitions of key terms

Event	Markers of change that are perceived as salient and specific and that have a 'before', 'during' and 'after' (see Sonenschein 2010).
Narrative / Story	A representation of events (Rudrum 2005) that has a sequence or chronology and is relayed by someone in a given context (Barthes 1977; Bruner 1990). Narrative and story can have different senses, here they are synonyms (Gabriel 2004)
Emplotment	Any narrative device that is "introducing structure that allows sense to be made of particular events" (Czarniawska 2012, 748). Emplotment imposes an order on what would otherwise be a chaotic flow of events.
Chronicle	This is the illusory ideal of a purely objective, definitive listing of events to describe the past. This ideal is unrealisable because any such list is never purely objective but reflects choices and is the result of emplotment (White 1973).
History	The discipline that is characterised by attempts to generate shared representations of the past. Any such representation is always a narrative or a *kind* of History (White 1973) and as such always mediated by "the traces of the society in question" (Montrose 1989, 20).
Personal history	An individual representation of the past that helps to interpret and sequence events - a "redefinition of organizational reality" (Gioia and Chittipeddi 1991, 442). (To help distinguish between these last two related terms we capitalise History when we mean the discipline.)

Table 2: Emplotment in personal histories or tales

Verbatim Extracts	Nature of the Template
"I said the very first time, I think it's improving" ; "performance management was actually non-existent when I came into the program" ; "we started off saying it could be at either site" ; "I was parachuted in about 6 years ago."	"Beginnings"
"that's resolved a lot now, common sense finally" ; "we're seeing real increases in patient satisfaction as a result of that already" ; "that is embedding quite nicely" ; "that has been one of the advantages of moving on to a different organization."	"Endings"
"there were one or two potential diversionary tactics along the way, but essentially that's how it ended up" ; "they do try hard to consult, what I think they struggle with is the difference between consultation and engagement and involvement" ; "we are incentivized financially to do exactly the opposite to what we're signed up to do" ; "if they think they're just being told to do something... they might let off with both barrels."	Narrative arcs - moving from Beginnings to Endings, implied is a resolution of conflict
"I'd come from a lot of reengineering work in London, where we'd completely redesigned some surgical services" ; "where I'm sitting I'm waiting for the reports to come in and I'm just concerned about the amount of time it's taking" ; "I don't know where I am! It's working between health and social care" ; "they obviously felt I was the person to do it, but it is an unbelievably big task." ; "trying to organise consultants is trying to carry frogs in a wheelbarrow" ; "overall people do genuinely want to provide a better service overall, it's just a matter of how you actually condense all of that into action" ; "someone from one of the London hospitals said it's perfectly ok to run an emergency service with a registrar, if they need me they can call me [this] is the 21st century."	Examples of scene-setting that use a frame of reference or broader norms
"it happens to be a bad week this week… you probably should have come last week not this week it was more positive last week!" ; "when I first came here, I thought they've got too many theatres here, they'll never fill them, now we've got too much work, not enough theatres" ; "we [had] to bring this under the umbrella of cancer services, so cancer services come in and screw it up in a week or two, completely, utterly" ; "if we are going to have our new hospital in 2015 [that is] five years to create all these assistant general practitioners, all these nurses with masters degrees, your specialist nursing facilities and just a general workforce."	Communicating a sense of drama or eventfulness
"I'm probably going off the plot now because you'll have to bring me back to it" ; "I can argue both sides of that particular debate" ; "I probably could have answered that if you'd have asked me about four years ago" ; "if we were in a period of stable growth [I] would give you an answer around making sure that we are using resources to best effect."	Narrative competence - drawing attention to their own account as a story
"the positive thing about it is the staff believe they've initiated it" ; "we had this very good story to tell, and everybody went for it because it's got some genuine stuff in there" ; "just get the people on the other side to not feel threatened by the fact that we think that we should do things our way, we're not saying 'your way is crap,' we're just saying 'our way is better'" ; "there's a lot of prejudice... because of that history, or the perceived history."	Narrative competence - concerned with the storying of their story by others

Table 3: The Brownfield Trust Finance Director's Tale

Event timeline	Verbatim Extracts
The Finance Director (FD) of Brownfield Trust in 2009 anticipating how the opening of a new hospital would be received	I've been involved in one, two, three big hospital changes in three different organizations and so you always have this lull where until the building's there and until they can physically see that they're actually moving in, etc., you'll get a lot of, you know, apathy, etc., it's not going to happen, not yet, it's miles away, etc., then the panic sets in saying, "Oh my God we're moving in and we haven't even, we've got loads to sort out, you know" and things like that and then when they, then there's the excitement of moving in and then you do get a sense of, you know, people saying, "yeah, actually it's really nice in here, you know, you've got a nice shiny building, you've got a lovely place to work, you know, you've got clean lines, paint on the walls, etc.", and so you get a real, that's what I've noticed is that, especially the staff who move in, they get a real buzz out of it and they say, actually this is our building, so, because they've actually, they're then right from the start as well, so that's what I've noticed in all the other ones that I've been involved in. I don't see how this'll be any different.
The same FD in 2011, while the move into the new hospital was in process	So we have an interim chief exec and the permanent chief exec won't probably be in till about June time, something like June, July. So it's almost having, it's what do we need to do to ensure that we have a viable organization for 1 April, but knowing that potentially other changes coming through when the new chief exec comes in. So we are in a bit of a transitional stage all round.
The same FD in 2012 reflecting on the history of the Trust	Once we moved in and things were running properly it was then a matter of okay, now…and while we were moving in we also then integrated with Community Services, so it was a matter then of saying, "Okay, how do we get a successful integration with Community Services?" and that was all done prior to the new Chief Exec coming in etc. So that all happened and then from there it's now about, "Okay, how do we prepare for Foundation Trust?", it's all of those, there's been some big, big things where we've had focus on, management focus on, as we've moved forward and now the next one is the FT.

Table 4: University Trust's Nursing Director's Tale

Event timeline	Verbatim Extracts
Nurse Director of University Trust 2009 Preparation period for centralisation of services on one new build site.	We need to communicate as much of the picture as we can give them. Because if you only tell people a little bit of the story they make the rest up. That's human nature isn't it? And what we don't want is mass attrition. It's the same with the nursing staff, and the therapy staff, and the porters. We can say don't worry forever, but actually in times of a credit crunch what people are thinking is will I have a job in 2011. Because what you read in the news, service is going to constrict, will I have a job? You can see people thinking about it. So the other thing is obviously our plan was always as we were moving in now, knowing that we've got to change our staffing, we would appoint more and more temporary posts. Well of course in a time where jobs were plentiful, that was great, but people don't want to come for temporary posts when there's no money, and when their chances of getting a job later are remote. So we do have to think of more creative ways to do things.
Nurse Director of University Trust 2010 Interview conducted several months after the move to the new hospital had taken place.	At the beginning people didn't like changing the routine so what you end up with at the beginning is people saying "I'd quite like to move"; so when we did the organizational change so we gave people the opportunity to move which is always dangerous that you'll have this massive move around and you'll have no one with an organizational memory on your ward. So what happened was when lots of people wanted to move from certain services and so we knew that they weren't happy. What we found was that we could not move everybody at once because that would have been unsafe so we said well we'll move people over a period of time and over a period of time people have said "I'm alright now, I think I'll stay". So I think what we're seeing is the consequences of change.
Nurse Director of University Trust 2012 Two years post move/centralisation of acute services.	And I think this place, which had been in a really bad place back in the 90s I think and had been in the red and you know there had been hatchet men and, the whole story, I don't remember that, long before me being here. I think this place learned the pain of being that poor and just was never going to do it again and I think [anon] and the team, and [anon] before him, have always put together a war chest if you like, expecting there to be no jam tomorrow. So I think it's that and I also think there's been a huge drive to become very good at the tertiary stuff to attract it in and it's worked... I think it's about good negotiation and careful planning really, over years.

Table 5: Greenfield Trust Nursing Director's Tale

Event timeline	Verbatim Extracts
Initially the Director of Performance at Greenfield Trust in 2009 explaining the changes that would be needed when services were integrated on the newly refurbished hospital site.	...people who are professionally clinical, whether they're a doctor, an allied health professional, or a nurse, are not trained to think in different ways other than the ways they have always trained. Now I would argue and do constantly with them that particularly in medicine you're constantly pushing the medical boundaries, but that's very hard for doctors to see because they're in their comfort zone. So what we're saying is what you've done up to now has been fit for purpose for the agenda up to now, but we want you to throw all the toys up in the air, scatter them about and have a little look and see what we're going to do differently, and really driving that principle of patient centred care.
Change of role to Interim Director of Nursing shortly after the refurbishment was completed 2010.	So you know even today when I went on the wards it was "oh have you come to tell us off about the beds" and I went "no why would I? I don't want to talk about the beds, I want to talk about, you know, you as a sister, how you're doing and to thank you for the work that you've done". So what I'm trying to do is engender this trusting relationship where they are held to account, absolutely challenged and held to account but not in a punitive way, which is what their response is always whether they're going to be in trouble, "why are you here? because I'm in trouble?" "No, why would you be?"
Confirmed in post as Director of Nursing. 2012 reflecting on a year of activity as an integrated trust	...how has it changed over 12 months? I suppose it has grown by its very nature because we became an integrated organization and with that brought a lot of opportunity really, because you'd become responsible and accountable for a lot that you knew less about before, i.e. community services, and aroused you to focus the mind on what are the strategic priorities for the organization at the same time as we're looking at Foundation Trust status. So I suppose in my view it has been a little bit like living in two worlds, so some of it's been very frenetic because all of those three things are very busy and slightly disparate in points in time, but as that frenetic activity comes into pieces of work it all comes together, so the Organization Development program for one and all is a massive driver.

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